	AUGUST 1991 State:	GEORGIA	Page 14a OMB No.: 0938-
Agency*	Citation (s)	Groups Cov	ered
	В.	Optional Groups Other Than (Continued)	n the Medically Needy
42 C	FR 435.223 /_/	 Individuals described if for AFDC if coverage unwere as broad as allowed 	below who would be eligible nder the State's AFDC plan ed under title IV-A:
(A)((a)(10) ii) and (a) of Act	Individuals under the 21 20 20 19 28 Caretaker relatives Pregnant women	he age of

(BPD)

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	Approval	Date	12-18-91	 Effective	Date
- NEW				HCFA ID:	7983E

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ATTACHMENT 2.2-A

Revision:	HCFA-PM- AUGUST 19		(BPD)			ATTACHMENT 2.2-A Page 15		
	State:		GEORGIA			OMB NO.: 09	138~	
Agency*	Citation(s)		G	roups Covere	ed		
			ional Gr ntinued)	oups Ot	her Than the	e Medically N	leedy	
42 CF	R 435.230	<u>_</u> / 10.			SSI criteri 6 and 1634 c	a with agree of the Act.	ments under	
			only payme suppl	a State nt) und ementary	supplementa er an approv y payment pr	individuals ary payment (red optional cogram that m The supplemen	but no SSI State meets the	
				sed on a	need and pai	d in cash on	a regular	
			in st	dividual	l's countabl ised to dete	ace between t e income and ermine eligib	the income	
			c. Ava	ailable	to all indi	viduals in t	he State.	
		•	of el:	individ	iuals listed for SSI exce	f the classi below, who pt for the l	would be	
			(1	All	aged indivi	duals.		
			(2)	All	blind indiv	iduals.		
			(3)	All	disabled in	dividuals.		
TN No. Supersedes TN No.	91-31 86-27	oproval Da	ate12	-18-91_	Ef	fective Date	10-1-91	

Revision: HCFA-PM-91-4 ATTACHMENT 2.2-A (BPD) Page 16 OMB NO.: 0938-AUGUST 1991 **GEORGIA** State: _ Agency* Citation(s) Groups Covered B. Optional Groups Other Than the Medically Needy (Continued) (4)Aged individuals in domiciliary facilities or other group living arrangements as defined under SSI. 42 CFR 435.230 Blind individuals in domiciliary (5) facilities or other group living arrangements as defined under SSI. (6) Disabled individuals in domiciliary facilities or other group living arrangements as defined under SSI. (7) Individuals receiving a Federally administered optional State supplement that meets the conditions specified in 42 CFR 435.230. Individuals receiving a State administered optional State supplement (8) that meets the conditions specified in 42 CFR 435.230. (9) Individuals in additional classifications approved by the Secretary as follows:

reference for the contract of the contract of

TN No. 91-31 Supersedes	Approval Date	12-18-91	Effective Date	10-1-91
TN No86-27			HCEN ID. 7003	F

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Revision:	HCFA-PM-91-4 AUGUST 1991	(BPD)		ATTACHMENT 2.2-A Page 16a		
	State:	Gl	EORGIA	OMB NO.: 0938-		
Agency*	Citation(s)		Groups (Covered		
	В	(Continued) The suppleme	nt varies in	income standard by political cost-of-living differences		
		Yes.	نعة			
		The standard		al State supplementary applement 6 of <u>ATTACHMENT</u>		
TN No. Supersedes TN No.	91-31 Approv	val Date 12-18	8-91	Effective Date 10-1-91		

<mark>A CAMPERSON EL CE</mark>RTE O TERES DE PORTO DE LA CERTE DE LA CAMPERSON EL CAMPERSON EL CAMPENSON DE LA CAMPENSON DEL CAMPENSON DEL CAMPENSON DE LA CAMPENSON DEL CAMPENSON DE LA CAMPENSON DEL CAMPENSON DE LA CA

Revision:	HCFA-PM-9: AUGUST 199:		(BPD))		ATTACHMENT 2 Page 17	
	State: _		GEORGIA			OMB NO.: 09	38-
Agency*	Citation(s))		G	Groups Cov	rered	
	1.5	В.	Optiona (Contin	l Groups C	ther Than	the Medically	Needy
435.1 1902(a)(10)	_7	<u>wi</u>	ction 1902 thout agre the Act.	(f) State ements un	s and SSI crite der section 161	ria States 6 or 1634
(A)(1 of th	(A)(Ìi)(XI) of the Act		a op th	State supp tional Sta	lementary te supple he follow	of individuals payment under mentary payment ing conditions.	an approved
			a.	Based on basis.	need and	paid in cash on	a regular
			b.	individua	l's counta used to d	rence between t able income and etermine eligib	the income
			c.	Available classific basis.	to all in	ndividuals in e available on a	ach Statewide
			d.	Paid to or of individual	ne or more duals list	e of the classi ted below:	fications
				(1) All	aged indi	ividuals.	
				(2) All	blind ind	dividuals.	
				(3) All	disabled	individuals.	
TN No. Supersedes TN No.	92-02 91-31	roval	Date _	2-18-92		Effective Date	1-1-92
						HCEN ID. 70031	5

Revision:	HCFA-PM-91 AUGUST 1991 State: _	-4	(BPD)		ATTACHMENT 2 Page 18 RGIA OMB NO.: 09	.2-A 38-			
Agency*	Citation(s)				Groups Covered				
		в.	Optiona (Contin	l Gro ued)	Groups Other Than the Medically Needy				
				(4)	Aged individuals in domicilated facilities or other group larrangements as defined under	iving			
				(5)	Blind individuals in domicil facilities or other group li arrangements as defined unde	lvina			
				(6)	Disabled individuals in domi facilities or other group li	ciliary ving			
				(7)	arrangements as defined under Individuals receiving federal administered optional State that meets the conditions space CFR 435.230.	er SSI. illy supplement			
				(8)	Individuals receiving a Statadministered optional State that meets the conditions sp 42 CFR 435.230.	supplement			
				(9)	Individuals in additional classifications approved by Secretary as follows:	the			

TN No. 91-31			
	Approval Da	te <u>12-18-91</u>	Effective Date 10-1-91

19.第二級的 46.10 第二次的 26.00 转 54.00 mm

Revision:	HCFA-PM-91-4 AUGUST 1991	(BPD)	ATTACHMENT 2.2-A Page 18a
	State:	GEORGIA	OMB NO.: 0938-
Agency*	Citation(s)	Group	s Covered
	В.	Optional Groups Other (Continued)	Than the Medically Needy
		The supplement very political subdiverse cost-of-living defined	aries in income standard by isions according to ifferences.
		Yes	
		No	
		The standards for payments are list ATTACHMENT 2.6-A	r optional State supplementary ted in Supplement 6 of
N No.	91-31 Approva	1 Date1 <u>2-18-91</u>	Effective Date 10-1-91

	Rev	ision:	HCFA-PM-91-4 AUGUST 1991	(F	BPD)	NG05014	ATTACHMENT 2.2-A Page 19 OMB No.: 0938-
••			State:			GEORGIA	
	Age	ncy*	Citation(s)			Groups Covered	
			В.	Opti (Cor	onal ntinue	Groups Other Than (the Medically Needy
	IV-A	42 CFR 1902(a (A)(ii of the)(V)	12.	leas elig Elig the meet	viduals who are in t 30 consecutive da ible under a specia ibility begins on t 30-day period. The the income standar lement to ATTACHN	al income level. the first day of ese individuals rds specified in
				☆	The above		ndividuals as descri
				_7	The s	State covers only tops of individuals:	the following group
)(10)(A) nd 1905(a) Act			Aged Blind Disabled Individuals under 21 20 19 18	the age of
3.5						Caretaker relativ Pregnant women	res

3.							
TN No. 91-31							
Supersedes TN No. 89-4	Approval	Date	12-18-91	. E	Effectiv	e Date	10-1-91
IN NO				•			_

HCFA ID: 7983E

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ATTACHMENT 2.2-A

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Georgia State: ____

Agency* Citation(s)

Groups Covered

B. Optional Groups Other Than the Medically Needy (Continued)

IV-A

1902(e)(3) of the Act /X /

13. Certain disabled children age 18 or under who are living at home, who would be eligible for Medicaid under the plan if they were in a "Elistitution, and for whom the State has made a determination as required under section 1902(e)(3)(B) of the Act.

> Supplement 3 to ATTACHMENT 2.2-A describes the method that is used to determine the cost effectiveness of caring for this group of disabled children at home.

1902(a)(10) (A)(ii)(IX) and 1902(1) of the Act

14.

/X /

The following individuals who are not mandatory categorically needy whose income does not exceed the income level (established at an amount above the mandatory level and not more than 185 percent of the Federal poverty income level) specified in <u>Supplement 1</u> to <u>ATTACHMENT 2.6-A</u> for a family of the same size, including the woman and unborn child or infant and who meet the resource standards specified in Supplement 2 to ATTACHMENT 2.6-A:

- Women during pregnancy (and during the a. 60-day period beginning on the last day of pregnancy); and
- b. Infants under one year of age.

TN No. 93-007 Supersedes TN No. 91-31

Approval Date MAY 4

1993

1993 Effective Date JAN 1

HCFA ID: 7983E

Revision:	evision: HCFA-PM-91-4 AUGUST 1991 State:			AUGUST 1991 GEORGIA				ATTACHMENT 2.2-A Page 22 OMB NO.: 0938-
Agency*	Citatio	n(s)		Gro	oups Covered			
1902(a (ii)(X and 19 (1) an of the	() (02(m) (d (3)	7		(Continued) 16. Individuals— a. Who are 65 year are disabled, section 1614(are Both aged and under this eliment of the same since the same since the same since the same since the state's me specified in Are same since the same since the same since the same same same same same same same sam	ars of age or older or as determined under a)(3) of the Act. disabled individuals are covered gibility group. Noes not exceed the income level at an amount up to 100 percent of acome poverty level) specified in a ATTACHMENT 2.6-A for a family ze; and s do not exceed the maximum under SSI; under the State's ve financial criteria; or under dically needy program as TTACHMENT 2.6-A.			

TN No. 91-31			
Supersedes IN NoNEW	Approval Date	12-18-91	Effective Date $10-1-91$

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